

To Whom It May Concern:

I, 2nd son (name) of \_\_\_\_\_ (name) \_\_\_\_\_ (city and state) \_\_\_\_\_,  
 being the next of kin of \_\_\_\_\_ (name), do  
 hereby authorize the disinterment and examination of the remains of my  
 late 2nd son (relationship) \_\_\_\_\_ (name), under  
 the direction of the Center for Human Radiobiology of the Argonne National  
 Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or its  
 scientific successors, such disinterment and examination to be for the  
 purposes of advancing medical and scientific research and education. I  
 authorize the transportation of said remains to Argonne National Laboratory  
 for the purpose of carrying out such examination and to retain such bone  
 specimens as the scientific personnel may deem fit. Following examination,  
 the remains will be returned for reinterment. The grave site will be restored  
 to its original condition after disinterment and again after reinterment. All  
 the above procedures will be accomplished at no cost to me.

Signature

Address

City,

State

March 6 1976

Date

Witness:

Jim Lieber, M.D.

Philadelphia PA

0004027

Name

Address

City,

State